

Lifeways Community Care Limited

The Coach House (Registered Care Home)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 8 and 9 December 2014 and was unannounced.

The Coach House is a care home providing accommodation and personal care for five adults with a learning disability or an autistic spectrum condition. There were five people living at the home when we visited. Some people were new to the service whilst others had been there for a number of years. The people living at the home had a range of support needs. Some people could not communicate verbally and needed help

with personal care and moving about. Other people were physically able but needed support when they became confused or anxious. Staff support was provided at the home at all times and most people required the support of one or more staff away from the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service had experienced an increase in the frequency and intensity of incidents amongst people living in the home over a 12 month period. This resulted in people being harmed and being at risk of harm. Staff had worked hard to minimise the impact of these incidents on people but people had continued to be affected. As a result, we found some breaches of our regulations; people were not being adequately safeguarded from harm and action was not taken quickly enough to minimise the risk of harm to people.

We found other breaches of our regulations. People's rights under the Mental Capacity Act 2005 were not being consistently met. We found some problems relating to infection control, maintenance of the premises and the management of medicines that put people at risk. We had not received some relevant notifications from the

service. Services tell us about important events relating to the service they provide using a notification. You can see what action we told the provider to take at the back of the full version of this report.

People using the service, local authority commissioners and a learning disability nurse told us they were generally happy with the care provided. The registered manager led by example to provide a service which was tailored to each person's individual needs and preferences.

Staff spoke passionately about supporting people to the best of their ability. People were being supported by staff who knew them well and respected their individuality. People were being encouraged to work towards their personal goals and to find activities of specific interest to them.

Staff felt well supported and had the training they needed to provide personalised support to each person. They were now meeting with their line manager to discuss problems and we could see action was taken when concerns were raised. When things did not go well, staff generally reviewed the situation and learned for the future.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Some people had been put at risk as action had not been taken soon enough to safeguard them from an ongoing risk of harm.

People were at risk of infection or injury as a result of unaddressed maintenance tasks and some hygiene procedures not being followed. People were put at risk as some of the processes for managing medicines were not being properly followed.

Risks were assessed and action was taken after most incidents to prevent them happening again. There were enough staff with relevant skills and experience available to keep people safe and meet their needs. Staff had a good understanding of safeguarding requirements.

Inadequate



Is the service effective?

The service was not always effective. A record of how decisions had been made in people's best interests was not always available to evidence that the proper steps had been taken to protect people's rights.

People's needs and preferences were met. Staff were knowledgeable about people and were able to refer to accurate support plans. Staff received the training they needed to support people competently although meetings with their line manager to discuss any concerns had only recently started taking place regularly.

Staff monitored people's physical and psychological wellbeing and tried to ensure support was in place to meet their changing needs. Staff contacted health and social care professionals for guidance and support. People were supported to eat a healthy diet by staff.

Requires Improvement



Is the service caring?

The service was caring. People were treated with kindness and respect by staff who knew them well. People living at the home and professionals were happy with the care provided.

People were comfortable with the staff supporting them. Staff worked to maintain people's privacy and dignity. People were encouraged to express their views about their support and the running of the home. Staff knew how to help people make decisions.

Good



Is the service responsive?

The service was responsive. People's support plans accurately reflected their likes, dislikes and preferences so staff had information that enabled them to provide support in line with people's wishes.

Good



Summary of findings

People were supported to identify goals they wanted to work towards and were encouraged to take part in activities within and away from the home. Staff treated each person as an individual and respected their interests.

There was a system in place to manage complaints. Staff monitored people's behaviour to help identify if they were unhappy.

Is the service well-led?

The service was generally well-led. Notifications of some significant events had, however, not been shared with us in line with the requirements of the law. People had not benefitted from an improved service as quickly as they could have as problems were not always addressed in a timely manner.

Staff had confidence the registered manager would respond fairly and effectively to concerns they raised with her. The staff understood the mission statement of the company and put it into practice.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. The registered manager and provider carried out audits to monitor the quality of the service and plan improvements.

Requires Improvement



The Coach House (Registered Care Home)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 8 and 9 December 2014 and the team consisted of an inspector and an inspection manager. The inspection was unannounced.

Before the visit the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification. At our last inspection in September 2013 we did not identify any concerns about the care being provided. We received written feedback about the quality of care from one commissioner before visiting the service.

On the days we visited we spoke with two of the five people living at The Coach House, the registered manager and four members of staff. We spent time observing the care and interactions between staff and people living at the home. We looked at two support plans, two staff files, staff training records and a selection of quality monitoring documents. Following the visit we received feedback from one relative, a healthcare professional and a safeguarding specialist practitioner.

Is the service safe?

Our findings

Some people had been harmed or put at risk over the last 12 months as changes to the way one person behaved had resulted in incidents occurring with increasing frequency and intensity. The situation had deteriorated over 12 months resulting in risks increasing respectively during this time. Staff had sought to minimise the risk of these incidents occurring by seeking support from professionals and increasing staffing levels with the support of commissioners. They could not, however, assure people they were safe. This was a very difficult situation for staff to deal with as they had to balance the needs and safety of each person living at the home. They had kept people's families and relevant professionals updated. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The risk to people of preventable incidents happening again was reduced as a system was in place to record and review incidents. This fed into risk assessments and support plans. Staff took steps to learn from most incidents and put measures in place to prevent them happening again. The registered manager signed off each incident when the relevant actions had been completed. A summary of the incidents was reviewed by the provider's health and safety team and feedback and guidance given to the registered manager.

Most areas of the home appeared clean and free of infection risks. We did, however, find no hand towels or hand soap in the kitchen so hand washing could not take place effectively. Staff told us there was no system to check they were being replenished. The first aid dressings in the kitchen were out of date despite records showing they had been checked weekly. The probe to check the freezer temperature was not being used properly as some staff did not understand how it worked. This meant staff could not be sure food had been stored at a safe temperature. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People lived in a home that appeared pleasantly decorated and comfortably furnished. The décor and flooring in a small number of areas around the home had been damaged and were yet to be repaired. For example, the stair carpet was very worn and parts had been removed as they were a trip hazard. This had been identified by the local authority two months before our inspection but it had

not yet been replaced. An explanation was given by the staff for the delay. We found some locked storage areas were disorganised and cluttered. Staff were unclear about the content of the cupboards but did know that care records and some equipment not currently in use was stored in them. They told us the cupboards needed clearing out and they planned to do so. There were discarded furniture items and litter in some outside areas that could attract vermin or cause injury. The registered manager told us a skip had been ordered so these areas could be tidied up. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A maintenance log was in place that detailed the above issues. Staff told us action on requests for maintenance could be slow but had improved since the registered manager had been given more freedom to authorise work. Fire alarms and equipment were regularly tested to ensure they were in working order. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency.

People were at risk of their medicines not being managed safely. Staff were not correctly recording the medicines carried over from one month to the next and when new medicines were booked in. This made it difficult to identify if the right amount of each medicine was in stock and could prevent errors being acted on in a timely fashion to keep people safe. Medicines from different batches, with different expiry dates, were being stored in the same packaging which could result in out of date medicines being given. Expiry dates were checked on a monthly basis but only using the packaging and not each individual blister pack. Homely remedies were not always being managed safely. When a person was prescribed a new medicine, the list of approved homely remedies was not always reviewed. For example, one person had medicines listed as approved homely remedies that they were now also prescribed. There was a small risk staff could administer the homely remedy as well as the prescribed medicine which could be harmful. Staff did not always have the guidance they needed to administer homely remedies and PRN medicines safely as a small number of protocols were missing. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

People's medicines were stored in a locked safe. All creams and liquids had been dated on opening to allow staff to dispose of them when they expired. Staff had access to information about the medicines they were administering. Each person had a medicines needs assessment so staff knew the support they needed to take their medicines safely. As people's needs changed, the information in their medicines records was updated. When a change was made, a record was kept of how staff had been informed. The storage and administration of medicines was now being audited weekly to check good practice was being followed. The registered manager completed monthly audits to validate the weekly audits as staff had stopped completing these in the past.

People were supported to be as independent as possible whilst maintaining their safety by the completion of risk assessments. For example, one person was supported to go out on activities unless certain factors were noted by staff that indicated the person was likely to become unwell in the near future. The person was able to go out most of the time but was supported at home by staff when needed. An overall evaluation was completed to identify the risks that each person faced so relevant risk assessments could be completed. Risk assessments were detailed and gave staff clear guidance to follow that matched the content of people's support plans. Risk assessments were updated following incidents or changes in people's behaviour. These changes were also reflected in people's support plans.

Staff had access to guidance about safeguarding to help them identify abuse and respond appropriately if it

occurred. They told us they had received safeguarding training and training records confirmed this. Staff described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Some people would be unable to verbally communicate if they were being abused so staff monitored their behaviour for unexpected changes that needed following up. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home.

The number of staff needed for each shift was calculated using the hours contracted by the local authority. Staff spent time sitting with people and had time to talk with them. In order to maintain consistency for the people living at the home, agency staff were not used. The number of staff on duty had been increased recently to help keep people safe during a difficult period within the home. The registered manager allocated staff in a flexible way. Staff did not have concerns about the number of staff on duty.

Safe recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. Staff at head office followed up any gaps in people's employment history to ensure a full record was obtained.

Is the service effective?

Our findings

People were not always protected from the risk of others making decisions that were not in their best interests because the requirements of the Mental Capacity Act 2005 (MCA) were not always being met. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Some decisions that had been made in people's best interests, such as the use of monitoring equipment had not been recorded. It was therefore not clear if a mental capacity assessment had taken place, who had been involved in the decisions and the reasons behind these. As described in the provider information return, best interests decisions had been made for most people regarding their finances and the administration of medicines. The documentation regarding medicines was thoroughly completed and identified family involvement. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff received training on the MCA and understood the need to assess people's capacity to make decisions. Some staff said they would like more support to understand the practical implications of the MCA. Staff described how they had consulted relatives and professionals as part of making decisions in people's best interests when they lacked capacity.

People's primary health needs and the support they required to remain well were identified in their health action plan. This helped staff ensure people had the contact they needed with health and social care professionals. There were minor inconsistencies between the health actions plans and other care planning documents that could result in healthcare professionals having incorrect information about people. Health actions plans and some hospital information documents had no review date to show when they had last been updated and when they were next due to be reviewed. It was therefore not clear how current the information was.

People's changing health needs were addressed because staff contacted health and social care professionals for guidance and support when needed. During our inspection, one person told staff they were in pain and guidance was quickly sought from their GP. A commissioner

told us staff communicated well with them and had recently been instrumental in getting the right healthcare for one person. One healthcare professional said they would like staff to share problems with them quicker in order to get support arranged as soon as possible.

People were protected from an unlawful deprivation of their liberty because the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Staff had been trained to understand when and how an application to deprive someone of their liberty should be made. Proper policies and procedures were in place and were being followed. The registered manager told us two applications to restrict a person's liberty had been submitted to the local authority and three more were being completed.

People were encouraged to identify what they wanted to eat each day rather than having a meal plan in place. Some people could not express their preferences verbally so staff monitored their response to the food prepared to make sure they were enjoying it. People ate in different places around the home. Staff explained some people did not like eating in the dining room anymore as a result of ongoing incidents. This meant meals were not always a positive experience for everyone. Some people needed their food intake monitoring and this was done using daily notes.

People received effective care from staff with the necessary knowledge and skills to care for them. Newly recruited staff completed an induction course and spent time working with experienced staff to make sure they were competent. This included signing to show they had read each person's support plan within six weeks of starting work. Records showed some staff needed further training to meet the company's own training requirements and most courses had been booked to meet these needs. Staff had received training specific to the needs of the people they supported. Staff told us they felt competent and could ask for additional training when they needed it.

Staff met with their line manager to receive support and guidance about their work and to discuss training and development needs. Records of these meetings showed staff had an opportunity to communicate any problems and suggest ways in which the service could improve. A template was used to structure the meeting and ensure important topics, such as concerns and training needs were

Is the service effective?

covered at each meeting. These meetings had not been taking place as frequently as required by company policy. This was now being addressed and meetings were taking place more frequently. Annual appraisal meetings were also overdue for five out of 11 staff.

Staff meetings helped to improve practice. Meetings now took place regularly but there had been significant gaps in

the last 12 months. During recent meetings the registered manager had highlighted areas of poor performance such as staff not spending as much time as possible with people using the service. She told us this had been improving since then. Team meetings were also used to ensure all staff were following a consistent approach with people and to give feedback on progress, such as maintenance.

Is the service caring?

Our findings

One person told us, “I like the ladies [staff]. They help me”. Other people indicated they were happy by smiling. People looked comfortable with the staff supporting them and chose to spend time in their company. Most of the time there was a friendly atmosphere and the interactions we saw between people living at the home and staff were caring and professional. Staff talked with people about topics of general interest that did not just focus on the person’s care needs. Staff sat with one person who liked to read out loud to others. A commissioner told us they were impressed with the care -that staff provided and said they offered a high level of service.

The registered manager described how she and other senior staff observed staff working with people to check they acted in a caring way. Feedback was given to staff during meetings with their line manager and any need for improvement was identified. The registered manager also followed up any uncharacteristic behaviour from people living at the home as some could not -tell them if they were dissatisfied - A provider lead for autistic spectrum conditions had provided staff with guidance when a new person had moved to the home. They had helped to monitor and address any changes in people’s behaviour.

Staff demonstrated detailed knowledge about the people living at the home. They told us what could upset people, what helped them stay calm and what people were interested in. This closely matched what was recorded in people’s support plans. We saw staff applying this knowledge during our visit and most people responded positively to them. One member of staff spoke proudly about the relationship they had developed with the person they supported as key worker. They talked about how they had helped this person through a challenging period of ill-health.

Staff spoke about respecting people’s rights and supporting them to increase their independence and make

choices. Throughout the inspection we saw people being offered choices about food, social activities and how they spent their time. Staff described the importance of offering people choices with the right level of information and in the right format. We heard staff explaining choices to people and taking time to answer their questions. Staff had supported people to choose college courses and visit different activities to see which ones they preferred. People’s cultural and religious needs were met. For example, one person chose which member staff supported them when visiting a place of worship.

The registered manager told us that when people were unable to express their views about their support, staff sought input from relatives and professionals. The provider information return stated people were encouraged to use advocates when decisions needed to be made. Staff told us about when advocates had been offered to people. Each person had a decision making profile that identified the support they might need to make certain decisions, such as taking medicines and spending money. It also identified under which circumstances the person was most likely to be able to make a decision, such as time of the day. Each person had a record of the kind of staff they would like to support them. However, this document had been completed by staff for those people unable to contribute and this was not clearly stated. People were supported to meet new staff before they were employed.

Staff were aware of the need to protect people’s dignity whilst helping them with personal care. People’s support plans included guidance on how to support people in a dignified way. For example, one support plan reminded staff to leave the room when the person was drying themselves as support was not needed. Staff also told us how they tried to maintain people’s dignity when they behaved in a way that others might not find socially acceptable. We observed staff respecting people’s privacy. For example, when staff wished to discuss a confidential matter they did not do so in front of other people.

Is the service responsive?

Our findings

Each person using the service had a support plan which was personal to them. People were either unable to talk with us about their support plans or chose not to. Staff got to know each person and the support provided was built around their unique needs. Each support plan started with a record of who had contributed to the plan and how involved the person concerned had been. If they had not contributed then the reasons were recorded. One person was able to be involved in planning their care so staff had read the care plan to them to seek their agreement.

People's changing views and preferences were taken account of by the staff. There was a verbal handover at the beginning of each shift where the incoming staff team was updated on any relevant information. Support plans were reviewed formally every 12 months but updates were made on an ongoing basis. Staff knew they could make changes as needed and we saw updates had been added to some support plans. Where changes were made these were communicated with all staff using the communication book. A commissioner told us changes in people's needs were reflected in their support plans.

Support plans included information on maintaining people's health, their daily routines and how to support them emotionally. It was clear what the person could do themselves and the support they needed. Where people could become very anxious there was clear information about how to support them to manage their anxiety and how to communicate effectively with them. We observed staff using these techniques. The support plans enabled people to set their own goals and record how they wanted to be supported.

Each person had identified a number of goals they were working towards. Some of these had been set by staff using

their knowledge of the person's preferences and priorities. Until the beginning of October 2014, staff had not been focusing on helping people to progress towards achieving their goals. Since then, the number of goals had been reduced to make progress more realistic. Some goals would result in daily progress, such as cleaning teeth daily. Other goals were longer term, such as arranging a visit away from the home. Recording of progress was now being made on people's daily notes although this was fairly limited and inconsistent when we inspected. Some progress was also recorded in people's support plans. The registered manager told us there should be a current and easily accessible list of goals in place in everyone's daily notes to remind staff but this was not the always case.

People were supported to take part in activities. The registered manager told us a lot of work had been done to identify activities that were interesting and relevant to each person. For example, one person loved films so staff had encouraged them to take part in a drama group. Another person had been helped to choose college courses they were interested in. People were also supported to maintain relationships important to them. One person had recently started visiting a family member with support from staff. The activities people could take part in depended on how they felt and their health so staff responded flexibly to what people could do each day. Some people living at the home had very unique interests and staff respected this and supported them to engage in them.

The home had a complaints procedure and any complaints made were recorded and addressed in line with this policy. Some people would be unable to make a complaint verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy about anything and address this.

Is the service well-led?

Our findings

Important information is shared with the Care Quality Commission (CQC) using notifications. Staff had not informed us of at least four relevant incidents within the home. This prevented us monitoring the safety and effectiveness of the service. This was a breach of Regulation 18 The Care Quality Commission (Registration) Regulations 2009. Other relevant incidents had been shared with CQC over the same time period.

Over the last 12 months, the frequency and intensity of incidents relating to one person had increased and people had been put at risk of harm. These incidents were reported internally and shared with the relevant local authorities as necessary. The registered manager and provider took a range of steps to reduce the risks to people using the service but this was ultimately not enough to keep people safe and make sure the service ran smoothly. The incidents impacted on people's mental and physical well-being. Some professionals felt the situation had been allowed to go on for too long and that staff had placed too much emphasis on supporting one person at the expense of others. They did, however, acknowledge that staff had worked hard to manage the situation. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had not always benefitted from an improved service as quickly as they could have. Some of the problems identified during this inspection had been highlighted in our last inspection report from September 2013. For example, the infrequency of team meetings and supervision meetings and the lack of progress against people's personal goals. These problems had also been identified in recent audits completed by the registered manager and the provider. Action was now being taken. The frequency of supervision and team meetings was starting to improve and staff had started to focus on people's personal goals. Other quality checks in place included audits on equipment, fire safety, medicines and support planning documents.

The registered manager told us about some of the recent improvements she had introduced. She had a training matrix in place that allowed her to identify the training staff would need and book this in proactively. The key workers for each person were now expected to attend their care reviews so they could contribute to the planning process.

We asked the registered manager and staff about the challenges facing the service at this time. They identified similar issues, such as supporting people following an increase in the frequency and intensity of incidents over a 12 month period. One healthcare professional was concerned staff had become exhausted and demotivated by the duration of this situation. Staff told us the situation was difficult but they showed determination to support people as well as they could.

The provider information return (PIR) described the support the registered manager had from the provider. This included attending monthly managers' meetings and monitoring by senior staff from the provider using registered manager reports and audits. The registered manager told us she was being supported to access training such as advanced autism training, mental capacity training and training around staff disciplinary procedures. The provider shared information with her when legislation or best practice changed. She also attended events run by the local care providers association to help her keep abreast of developments in best practice.

There was a commitment to listening to people's views and making changes to the service in accordance with their comments and suggestions. Most people living at the home were either unable or unwilling to give formal feedback on the support provided. As a result, staff gathered feedback by monitoring people's mood and behaviour. The PIR stated the provider had asked people's relatives and professionals to complete a satisfaction survey. The responses had not yet been received back for analysis. Other feedback from family members had been acted on, such as the need to make the home feel more friendly and comfortable.

Staff were positive about the registered manager and the support they received to do their jobs. Staff understood their roles and responsibilities. This was initially discussed at induction and reiterated at meetings with their line manager. Staff understood the pathway for raising concerns with their line manager or the registered manager. From past experience they believed staff were dealt with fairly if a concern was raised. Staff were confident concerns they raised would be addressed and were not afraid to ask questions. Staff told us the registered manager gave positive feedback to staff using the communication book and during staff meetings. This was appreciated and improved staff morale.

Is the service well-led?

The mission statement for the provider referred to delivering “excellent, individualised and inclusive services to people” and making “a positive impact on the life of

each person we support”. Staff understood the aims of the company and we saw this mission statement being put into practice during our inspection. The mission statement was discussed during staff induction and staff meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person had not protected services users, and others who may be at risk, against the risks of inappropriate or unsafe care, by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of services users and others who may be at risk from the carrying on of the regulated activity.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>The registered person did not make suitable arrangements to ensure that service users were safeguarded against the risks of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>The registered person had not, so far as reasonably practicable, ensured that service users and persons employed for the purposes of the carrying on of the regulated activity were protected against identifiable risks of acquiring an infection by the means of the effective operation of systems designed to prevent the spread of a health care associated infection.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording and safe administration of medicines used for the purposes of the regulated activity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The registered person had not ensured service users and others having access to the premises where a regulated activity is carried on were protected against the risks associated with unsafe or unsuitable premises by means of adequate maintenance and use of the surrounding grounds.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

The registered person did not have suitable arrangements in place for establishing, and acting in accordance with, the best interests of the service user.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents

The registered person had not notified the Commission without delay of incidents of abuse which occurred whilst services were being provided in the carrying on of a regulated activity.